

INNOVATIONS IN SOCIAL MARKETING CONFERENCE: CUTTING EDGE ISSUES IN SOCIAL MARKETING RESEARCH AND PRACTICE

May 18-19, 1997—Boston, Massachusetts

Thank you for attending the Innovations in Social Marketing Conference. The steering committee is interested in getting feedback from attendees on several issues. Your comments will help us plan a better conference next year that may also better suit your needs. Please take a few minutes to complete this short evaluation and put in the designated Registration Table. Please print your answers.

Overall Evaluation of Conference

	Excellent	Good	Average	Below average	Poor
1. Overall program content.....	5	4	3	2	1
2. Structure and length of conference	5	4	3	2	1
3. Relevance to my responsibilities	5	4	3	2	1
4. Improvement in my knowledge of the subject ...	5	4	3	2	1
5. Opportunities to participate in discussion and ask questions.....	5	4	3	2	1
6. Opportunities for exchange of ideas and experiences.....	5	4	3	2	1
7. Conference location	5	4	3	2	1
8. Speakers/presenters	5	4	3	2	1

9. What part(s) of the conference did you enjoy the most? (*Check all that apply.*)

Keynote speaker	<input type="checkbox"/>	Networking breaks.....	<input type="checkbox"/>
Panel presentations	<input type="checkbox"/>	Focus on cutting edge issues	<input type="checkbox"/>
Poster sessions.....	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/>
Panel discussions	<input type="checkbox"/>		

10. If you did not like the poster and/or panel formats, please describe a format that you would like to see: _____

11. Did you enjoy the poster sessions?

Yes..... ☐ No ☐

Please explain your chosen response. _____

12. Were there any presentations you felt were not appropriate for the conferences?

Yes..... ☐ No ☐

If so, please specify. _____

13. Please list any themes for next year's conference that you would like considered: _____

14. Please list any speaker(s) you think should be considered for next year's conference. If you have a contact address or phone number, please provide that information also.

Speaker Name	Contact Address/Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. Please list any location(s) you would like to be considered for the site of future ISM conferences.

16. What sector do you primarily represent? (*Choose one.*)

Federal government.....	<input type="checkbox"/>	Other university department	<input type="checkbox"/>
State government.....	<input type="checkbox"/>	Voluntary nonprofit	<input type="checkbox"/>
Local government	<input type="checkbox"/>	For-profit business.....	<input type="checkbox"/>
School of Marketing	<input type="checkbox"/>	Private consulting or PR firm	<input type="checkbox"/>
School of Public Health.....	<input type="checkbox"/>	Government contractor.....	<input type="checkbox"/>

17. Did you attend the Social Marketing and Public Policy Conference held just prior to this conference?

Yes..... ☐ No ☐

18. What was the main reason(s) you attended the Innovations in Social Marketing Conference? (*Check all that apply.*)

To meet people	<input type="checkbox"/>	To obtain educational benefits.....	<input type="checkbox"/>
To keep in touch with colleagues	<input type="checkbox"/>	To network.....	<input type="checkbox"/>
To maintain high profile.....	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/>

19. Did you think the theme (Cutting Edge Issues in Social Marketing) of this year's conference was appropriate?

Yes..... ☐ No ☐

Please explain your chosen response.

20. Do you think the conference provided an appropriate balance of panel discussions, panel presentations, poster sessions, and networking breaks? If no, why?

21. Did you find the conference planning staff responsive and courteous?

Yes..... ☐ No ☐

22. How likely are you to attend next year's conference?

Very likely ☐
Somewhat likely ☐
Maybe ☐
Definitely not ☐

23. Please add any additional comments:

Thank you.
Please leave your completed evaluation at the Registration Desk.